DEPARTMENT OF HEALTH SERVICES

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August 13, 1998

PPL No. 98- 017

All County Medi-Cal Administrative Activities (MAA)/ Targeted Case Management (TCM) Coordinators and Advisory Committee Members

AUG 17.
TOM/MAR

CLAIMING REQUIREMENTS FOR MEDI-CAL ELIGIBLE NEWBORN INFANTS

The purpose of this letter is to remind all Local Governmental Agencies (LGAs) who provide Targeted Case Management (TCM) services for Medi-Cal eligible newborn infants of claiming requirements.

Pursuant to Policy and Procedure Letter (PPL) No. 96-008, dated June 3, 1996, Medi-Cal providers who claim for TCM services rendered to a Medi-Cal eligible newborn infant who does not possess a Medi-Cal Benefits Identification Card (BIC) when claiming for TCM services were instructed to bill with the mother's BIC, name and date of birth. The Medi-Cal program also required that the mother report the birth of the newborn infant to her Medi-Cal eligibility worker, and to apply for a social security number for the newborn infant, at which time a separate identification number will be issued within a two-month period. TCM services provided to both the mother and to the infant on the same day require separate case file documentation.

All LGAs are advised that in accordance with California Code of Regulations (CFR), Section 50733 (c), a mother's Medi-Cal card shall be authorization for services for her newborn child during the month of birth and the month following the month of birth. However, subsequent to the two-month grace period, TCM services provided to the infant must be claimed using the infant's own Medi-Cal BIC number and the infant's date of birth. In the event, there should be a delay in the issuance of the infant's Medi-Cal BIC Number, the LGAs are advised to withhold claims until the Medi-Cal BIC Number is issued. In instances where TCM case file documentation and subsequent payment records indicate duplicate claims have occurred, the LGA may be subject to an audit exception and/or recoupment of payments made to the LGA.

If you have any questions regarding this matter, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,

David Mitchell, Chief Medi-Cal Benefits Branch All County Medi-Cal Administrative Activities/ Targeted Case Management Coordinators and Advisory Committee Members PPL No. 98- 017 Page 2

Targeted Case Management: X Medi-Cal Administrative Activities: Policy Effective Date: July 1, 1998

Policy Reference: PPL No. 96-008, CFR,

Section 50733(c)

cc: Ms. Cathleen Gentry
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Mr. Richard Chambers Associate Regional Administrator Health Care Financing Administration Division of Medicaid 75 Hawthorne Street, Fifth Floor San Francisco, CA 94105-3901 "

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bcc: Ms. Kathy Jones, Author

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